

## PHYSICIAN'S ORDER SHEET

START

① forearm  
TAO apply to TLD x 10d  
Hydrocortisone 1% cream Apply  
to ① forearm BID x 5d.

OK RE: ① DPPD  
to be done Fri 11/26/04.  
24<sup>th</sup> chart / 11-24-04 PR

## START NEW ORDERS BELOW

START

11/24/04

Starting today

✓ ↑ Risperdal to 1.5mg po bid x ③ days  
✓ then Risperdal 2mg po bid x ③ days  
✓ then Risperdal 2mg qam / x ③  
3mg qpm / x ③

✓ Haldol 5mg / Cogentin 1mg po qid prn  
Risperdal. Agitation & damped to  
Self others or  
in violent or disorganized beh. x ③ days

## START NEW ORDERS BELOW

START

12/15/04

↑ Risperdal to 3mg po bid x ① wk  
then Risperdal 3mg qam / x ① wk  
4mg qpm  
then Risperdal 4mg po bid x ① wk

Risperdal

12-16-04; 12-8a Chart ✓ J. McKenna

NAME: [REDACTED]  
ALLERGIES: None

ID: [REDACTED]

DOB: [REDACTED]

## PHYSICIAN'S ORDER SHEET

WRITE OR IMPRINT  
PATIENT INFORMATION BELOW

START

1. CXR RE: (+) PPD.

2. Cepacol lozenges T QID PR  
X 3 days.

START NEW ORDERS BELOW

START

11/17/04

Report

Risperdal 0.5mg po bid x (2) days  
 then Risperdal 1mg po bid x (1) wk  
 then Risperdal 1.5mg po bid x (1) wk  
 then Risperdal 2mg po bid x (90)

Risperdal

START NEW ORDERS BELOW

START

11-21-04 D730

Give Haldol 10mg, Cogentin 2mg, Abilene  
 2mg PO or IM Stat

Given

0245

mg

2H

TPO Dr. Burns / Maria Lamm, MD

NAME  
ALLERGIES

Nervous

ID

# PHYSICIAN'S ORDER SHEET

START

11/10/04 CTM T to 2 Tab 98h gpm  
Longest 2 18 Tabo.

Nurse protocol / CP

11/10/04

Wrote CP 1302

START NEW ORDERS BELOW

START

11-10-04

Start

✓ Risperdal 1mg po bid x 3 days  
✓ then Risperdal 1mg qam, 2mg gpm x 3 days  
✓ then Risperdal 2mg bid x 90 days

Risperdal

START NEW ORDERS BELOW

START

11-14-04

Cepacol Throat Lozenges - Lozenges  
Q 4hr prn not to exceed 2 lozenges  
per nurse protocol / Walters

240 charted  
11-15-04  
11/15/04

11/14/04

WRITE OR IMPRINT  
INFORMATION

NAME

ALLERGIES

Walters

ID

DOB

# PHYSICIAN'S ORDER SHEET

START

phospho soda fleet x 1 dose

1.5 FL OZ

2 Fleet Bisacodyl tabs 5mg  
x 1 Dose

START NEW ORDERS BELOW

START

Vit A+D to face BID x 6d.

START NEW ORDERS BELOW

START

CXR RE: ⊕ PPD  
(form filled)

ALLERGIES

NAME

ID

DOB

Noted  
10-25-04  
1325  
DR

Noted  
10-26-04  
1255  
DR

2-27-05  
1440  
DR

# PHYSICIAN'S ORDER SHEET

START

10-10-04  
1. Admit to Infirmary. Genet II  
per J. McEntery.  
B. Holwerda RN

noted per  
B. Holwerda  
10-10-04  
10:00 AM

START NEW ORDERS BELOW

START

QUAN 80mcg BID PRN  
Albuterol MDI 2 puffs QID PRN

10/11/04

1420 / 240 chart 10/12/04 0135  
admission PRN

START NEW ORDERS BELOW

START

Haldol 10mg IM x 1 dose  
Corgentin 1 mg IM x 1 dose  
Ativan 1 mg IM x 1 dose  
TVO Dr. Ahe / VBrom

noted  
2055  
10-24-04

NAME  
ALLERGIES

None  
[Redacted]

ID

[Redacted]

DOB

[Redacted]



## Infirmery Admission Provider Order Sheet

Date: 10/11/04 Facility: DCC Time: \_\_\_\_\_  
Inmate Name: [REDACTED] Inmate Number: [REDACTED]  
Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. S/I
2. Asthma
3. \_\_\_\_\_

3. Allergies:

1. NKDA
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Diet (circle): NPO Liquid Diet Regular Other: \_\_\_\_\_

5. IV Fluids as follows \_\_\_\_\_

6. Vital signs: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs

every other day daily ☒

7. Neuro checks: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs

8. Medications:

1. \_\_\_\_\_
2. SIL
3. \_\_\_\_\_
4. MAR
5. \_\_\_\_\_

9. Parameters:

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse Ox is less than 92% \_\_\_\_\_

10. Treatments:

O2 at \_\_\_\_\_ Dressing changes: \_\_\_\_\_

Nebulizer treatment: \_\_\_\_\_ Other: \_\_\_\_\_

Provider Signature & Stamp: [Signature]

# Infirmery Admission Provider Order Sheet

Date: 10-10-04 Facility: DCC Time: 0010

Inmate Name: [REDACTED] Inmate Number: [REDACTED]

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis: S/I

3. Allergies: NKDA

4. Diet (circle): NPO Liquid Diet Regular Other: \_\_\_\_\_

5. IV Fluids as follows N/A

6. Vital signs: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs

7. Neuro checks: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs

8. Medications:  
 1. continue Ovar & Albuterol  
 2. as previous orders.  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

9. Parameters:

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse O<sub>2</sub> is less than 92% N/A

10. Treatments:

O2 at N/A Dressing changes: \_\_\_\_\_

Nebulizer treatment: \_\_\_\_\_ Other: \_\_\_\_\_

Provider Signature & Stamp: Brenda Holwerda

# PHYSICIAN'S ORDER SHEET

START

Quar 80mg 2puffs BID PRN  
Albuterol MDI 2puffs QID PRN

START NEW ORDERS BELOW

START

Discharge psychiatric observation  
Level II to housing unit  
w/m Contracted for safety  
Reports of SE/HE  
Melissa Luter MD/MS

10/8/04 1700 noted Dr. Shuman  
24' chart & h/h @ 0300

START NEW ORDERS BELOW

START

ALLERGIES

NAME

Wick

ID

PROVIDER'S SIGNATURE

PHYSICIAN'S O



**PHYSICIAN'S ORDER SHEET**

1/28/04  
Admitted  
to  
Infirm  
w/ suicide  
watch

START 9/28/04 2345

V.O. Greeny M.C. Lister  
- Admit to Infirm w/ suicide watch.  
- No mattress from 6am-10pm  
- 2nd M.C. Lister RN -

**START NEW ORDERS BELOW**

Admitted  
to  
Infirm  
w/ suicide  
watch

START D/C from Infirm from medical standpt.

Transfer orders:

OVAR 80mcg 2puffs BID PRN  
Albuterol MDI 2puffs QID PRN

2nd det  
greeny  
10/28/04

today's

**START NEW ORDERS BELOW**

START 10/8/04 0135

Admitt to Infirm - S/I - Danger  
to self - Level II - No mattress  
monitor  
Refer to Mental Health in AM  
PO Dr. Alie / @ade RN

Admitted  
to  
Infirm  
w/ suicide  
watch  
10-900  
1030  
b.m.

NAME  
ALLERGIES

ID

DOB

# Infirmiry Admission Provider Order Sheet

Date: 10-8-04 Facility: DCC Time: 0322

Inmate Name: [REDACTED] Inmate Number: [REDACTED]

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. SI
2. Asthma
- 3.

3. Allergies:

1. NKDA
- 2.
- 3.

4. Diet (circle): NPO Liquid Diet Regular Other: \_\_\_\_\_

5. IV Fluids as follows \_\_\_\_\_

6. Vital signs: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs ☒ Daily

7. Neuro checks: ☐ q 2 hrs ☐ q 4 hrs ☐ q 8 hrs

8. Medications:

1. \_\_\_\_\_
2. see orders.
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

9. Parameters:

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse O<sub>2</sub> is less than 92%

10. Treatments:

O<sub>2</sub> at \_\_\_\_\_ Dressing changes: \_\_\_\_\_

Nebulizer treatment: \_\_\_\_\_ Other: \_\_\_\_\_

Provider Signature & Stamp: [Signature]

# PHYSICIAN'S ORDER SHEET

START

10/1/04  
1505  
D/C From all  
Psych Observations  
1545

START NEW ORDERS BELOW

START

START NEW ORDERS BELOW

START

NAME

ID

DOB

ALLERGIES

NKA

**PHYSICIAN'S ORDER SHEET**

START

9-24-04 — 09 AM.

Admitt To Infirmary

Level II — No Mattress

Medical &amp; MH To evaluate Monday

PO On Over Buro / Grade LPN

**START NEW ORDERS BELOW**

START

9/24/04

1330

D/C ALL 4 OBSERVATIONS

DISCHARGE FROM INFIRMARY

Robert Harris, RN, MSW

**START NEW ORDERS BELOW**

START

✓ D/C from Infirmary from medical

continue:

✓ QVAR Inhaler 2 puffs BID PRN

✓ Albuterol MDI 2 puffs QID PRN

when ILM gets over to SHU

NAME  
ALLERGIES

NRDA

ID

DOB



## Infirmiry Admission Provider Order Sheet

Date: 9-24-04 Facility: DCC Time: 2200

Inmate Name: [REDACTED] Inmate Number: [REDACTED]

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. SI attempt to hang self
2. Level II, Mental Health
3. Asthma

3. Allergies:

1. NKDA

2.

3.

Diet (circle): NPO Liquid Diet Regular Other: \_\_\_\_\_

IV Fluids as follows none

Vital signs: ☐ q 2 hrs ☐ q 4 hrs ☒ q 8 hrs

7. Neuro checks: ☐ q 2 hrs ☐ q 4 hrs ☒ q 8 hrs

8. Medications:

1. none

2.

3.

4.

5.

9. Parameters: n/a

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse O<sub>2</sub> is less than 92%

10. Treatments: none

O2 at n/a

Dressing changes: n/a

Nebulizer treatment: n/a

Other: n/a

Provider Signature & Stamp: Brenda H. Swerdlow

CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
1/13/05	2330	I/m pleasant, somewhat subdued, conversing & other I/m re sports. States became very depressed earlier today & "cut arm" has been concerned re safety of mother who had been traveling in areas affected by tsunami's but mother has not returned yet. Has legal issues pending on appeal that are worrying him/depressing him. "Also, my jaw is locking up in last wk". O: Good eye contact but melancholy. Numerous superficial cuts on forearm, blood spattered on Ferguson gown and body. Herlix needs to be changed. A: Depressed mood - ? situational - concerned about liability + rapid move toward self-destructive behavior. P: Advise mt Clinician, Redress wounds, assess for s/s of infection. Cepacol prn for throat discomfort (H Turner).
1/14/05	1120	S) I'll never do that again, I feel stupid. O) I'm & good eye contact. Speech appropriate. Smiling. States "I don't know why I did it" when asked why he cut himself. (A) arm dry, cl/1. I/m states it was did this am. O/C/O pain. O/distress. P) Stage at present Alt. thought process. P) cont to monitor. <i>Thinking diminished</i>
1/14/05	20:10	S: "I'm okay." O: Inmate lying quietly in bed. Resp. even and unlabored. Awake. A x O x 3. Dressing to wound on (A) arm dry and intact. Good eye contact. No s/s of distress noted. A: Altered thought process. P: Continue & plan of care ~ N. obale, LPN
1/15/05	0700	Refused lab work this am. <i>chito arm</i>



## INFORMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
1/10/05		<p>SAW pt. 1/7/05 ILM C/O Sore throat          (S) Cough C cold like sxs C Fever          (C) Afebrile vs P.O. 98%          Throat - WNL Throat - Erythema          Exudate          Lungs C/A b/L          Neuro alert, oriented          A/P: Sore Throat          Cepacol Throat lozenges X1d.          "I have a life sentence"</p>
1-12-05	13:00	<p>S- Seen with Dr. Raman for brief interview          O- National - began interview and it was cut short because Mr. Lindsay's attorney came to see him. He did mention that he lacked hope for life because he has a life sentence.          A- He has some depressive symptoms which will need a longer interview to sort out.          P- Refer to Dr. Raman for review for an anti-depressant medication. See again for cognitive behavioral therapy.          (Martha Boston, PhD)</p>
1/13/05	1630	<p>S: Non-verbal          O: Inmate is on a 4 point restrain ordered by Dr. Raman for agitation. Noted Superficial cuts on inmate's left arm.          A: Altered thought process.          P: Continue to monitor. ——— N. Obale, LPN.</p>
	1900	<p>Inmate is taken off restraints. Voices no complains. ——— N. Obale, LPN ———</p>



## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/29/04	2130	S: Non-verbal. O: Inmate lying down in bed. Resp even and non-labored. Held HS dose of risperdal as instructed by MD. No complains voiced out. A: Altered thought process. P: Continue c plan of care. — N. Obale, LPN.
12-30-04		MD Note Inmate refused LCC evaluation. 3 CD and nurse failed interview. Refusal from completed and in chart. Pt understands morbidity, mortality and refusal. MD visit.
12/30/04	1200	1/1M c/o sharp @ chest pain mid epigastric region. States occurred during the night, subsided & returned. Denies any radiation of pain to shoulder, arm, back or jaw. Denies N/V; no diaphoresis, skin W & D, no SOB. Pain not affected by movement or inspiration. Admits to feeling "stressed out." Given 2 turns, will monitor for improvement or further c/o pain. (A. Huczyk)
12/30/04	2200	Inmate lying in bed quietly. Resp. even and unlabored. Voiced no complains. Denies being in any pain. Medicated c risperdal as ordered. Will continue to monitor — N. Obale, LPN.
01/07/05	1910	S: Non-verbal O: Inmate lying in bed. Resp. even and unlabored. No S/S of distress noted. Voiced no complains. Denies being in pain. A: Altered thought process. P: Continue c plan of care N. Obale, LPN.





CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/19/04	9:00	S: inmate indicated he is fine, non verbal. O: No S/S of pain or distress noted. A: pt appears stable. P: continues to plan of care — N. Obale, LPN
12/22/04	2045	S: Non verbal. O: inmate noted lying in bed. Resp. even and nonlabored. Denies being in any pain. NO S/S of distress noted. A: Altered thought process P: Continue to plan of care — N. Obale, LPN
12/24/04	1915	S: "Hi" O: Inmate lying down in bed, eyes open. Resp. even and unlabored. Medicated with risperdal as ordered. Voiced no clts at this time. A: Altered thought process. P: Continue to plan of care — N. Obale, LPN.
12/28/04	0915	S: "I'm not having a good day" O: I'm up at ward chair smiling. I'm states the above but would not elaborate. O SI 4 HI. O voices offers no complaints at present. Good eye contact. Good affect. O distress noted O Altered thought process O maintain care till — Y Brown

CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/13/01	0900	S) "I'm OK" O) "I'm standing at door. Conversing & smile on face. Denies any medical needs. A) Altered thought process. P) Continue level II observation. <i>Kimberly Chambers</i>
12/14/01		S) "I won't give you any trouble today" O) "I'm lying on floor. No signs of distress noted. No pain or suicidal ideation. A) Altered thought process. P) Continue to monitor on level II. <i>Ellen James RN</i>
12/14/01	2100	S) "I am OK" O) "Sleeping through the shift." A) Altered mental status. P) Continue to plan of care. <i>Monombo LPH</i>
12/15/01	2100	INMATE INDICATED HE IS FINE STANDING AT THE DOOR MOST OF THE TIME DURING THE SHIFT. DR. RAMAN WAS HERE AND NEW ORDER IS GIVEN. NO DISTRESS OR PAIN NOTED. WILL CONTINUE TO MONITOR. <i>Monombo LPH</i>
12/17/01	NOG PDC	2300 Talkative today. W.D. G.O. Seen by Mr. B. Haines. Behavior appropriate. @ alt. coping. Plan continue Rx. Evaluate prn + chart. <i>Pharm</i>
12/18/01	NOG PDC	0900 Smiling, talking about music to other inmates in unit at door. @ alt coping. Plan continue Rx. Evaluate prn + chart. <i>Pharm</i>
12/19/01	0540	S) "I'm OK for bandage states" "Cut my elbow on the glass" O) "I'm consumed 100% liquid, I'm having superficial wounds on @ elbow 1/2" in diameter at 1/2 in long. Cleaned & bandaged per TOR and if bandage on it, I'm G.O. no other pain or problems. A) Continue to plan of care altered thought process. P) Will continue to monitor. <i>Ande Steel RN</i>

CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/7/04	1915	S: Non-verbal O: Inmate lying on mattress on floor. Was compliant i mds. No complain of pain. Resp. even and non-labored. No S/S of distress noted. A: Altered thought process — Level II - P: Cont. i plan of care. — N. Obale, LPM
12/9/04	2345	IM remains on level II observation. Verbal stands near door throughout shift. C/o asthma symptoms (cough, wheezing, SOB). Will continue i plan of care. — [Signature]
12/10/04	0300	S: I'm verbal i officer a) I'm standing @ door talking % no pain status "everything is ok" a) Altered thought process b) Continue i plan of care — [Signature]
12/11/04	0200	S: "Hey tender" O: I'm alert & oriented x3 no distress noted U: Hearing words while at door clearly. Q: Quiet down A: Clear thought P: cont i plan of care — [Signature]
12/11/04		S: Non Verbal O: Inmate lying quietly in his room A: Altered thought process P: con i plan of care — [Signature]
12/12/04	0700	S: Non-verbal level II observation O: I'm lying on mattress i eyes closed & signs of distress a) Altered thought process P: Continue i plan of care — [Signature]

CORRECTIONAL

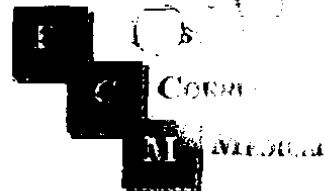
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/05/04	0545	S) 1/2 sitting on mattress states "I'm ok, I don't need any meds" O) 1/2 calmed sitting on bed quietly alert & oriented x3 good speech & eye contact, stated he was going to go to bed. A) Altered thought process level II P) Continue to monitor & plan of care [unclear]
12-5-04	1500	S - "I'm freezing" O - A&O x3. Resp even & non-labored. + eye contact & bright affect noted. C/O suicidal ideation. C/O pain. S/S of acute distress. A - Altered thought process P - Cont & plan of care. — J. McKenigan
12/5/04	2100	S) "My throat hurt" O) Alert/Oriented & Responsive A) XFT in comfort. Meds taken with i-throat lozenges at this time. P) Will Cont. to monitor & follow plan of care — J. McKenigan
12/06/04	2130	S: "I'm okay." O: Inmate noted lying down on mattress. Eyes open. Resp. even and non-labored. Noticed no suicidal ideations at this time. No verbal C/O pain. A: Altered thought process P: Continue & plan of care — J. McKenigan, LPN.



## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/30/04	1315	Pt seen by nutritionist this am do wt. loss - pt weighed = 191 lbs Dr Rogers notified — Per
11/30/04	PCC 1521	Nutritional assessments completed. Note in "Consults" section of chart — After Pirochis ms RN
11/30/04	2030	S: "Hey!" O: Inmate sitting up on mattress. Alert and oriented x 3. Resp. even and unlabored. Good eye contact. Inmate in a pleasant and cheerful mood. Compliant to meds.
		A: Altered thought process — Level II P: Continue the plan of care — N. Obach, MD
12/3/04	0500	S: "Hey Tender" O: Loudly talking most of the night Alert & oriented x3 no signs of distress noted. Smiling, laughing, & cursing at times to another inmate. A: Altered thought process — Level II Observation maintained P: Cont. plan of care — Brenda J. [Signature]
12/3/04	1430	S: "Everything OK" O: Also appropriate speech. Had CXR completed. 0% verbalized. A: Alt. thought process Level II. P: Cont. plan of care. — Jimmy [Signature]
12/5/04	0130	S: Singing loud & disruptive O: Alert singing at top of his voice, cursing & off in A: altered thought process P: Continue plan of care — [Signature]



CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/27/04	0845	<p>S: "My nurse Debba"</p> <p>O: inmate up ATC x 3 at sink washing hands voiced &amp; suicidal/homicidal ideations at this time smiling and talkative @ eye contact.</p> <p>A: Alt in thought process Level I</p> <p>P: Cont c plan of care — M. Odell</p>
11/27/04	2100	<p>S: "Hi"</p> <p>O: Inmate lying down on mattress. Eyes open. Resp. even and unlabored. No s/s of distress noted. Voiced no complains of pain.</p> <p>A: Altered thought process — Level II</p> <p>P: Continue c plan of care — N. Obale, L.P.N.</p>
11/28/04	0930	<p>S: "Nurse, how are you?"</p> <p>O: inmate sitting on mat at cell door, smiling ATC x 3. &amp; suicidal/homicidal ideations voiced.</p> <p>A: alt. in thought process level II</p> <p>P: continue c plan of care — M. Odell</p>
11/28/04	2040	<p>S: "How're you doing?"</p> <p>O: Inmate lying on mattress next to cell door. Awake. A and O x 3. Resp. even and unlabored. No verbal suicidal ideations. No s/s of distress noted.</p> <p>A: Altered thought process.</p> <p>P: Continue c plan of care — N. Obale, L.P.N.</p>
11/29/04	1715	<p>S: "My nurse Debba"</p> <p>O: inmate sitting up on mat smiling, talkative @ eye contact. &amp; suicidal/homicidal ideations in mind.</p> <p>A: Alt in thought process level II</p> <p>P: Cont c plan of care — M. Odell</p>

CORRECTIONAL

MICHIGAN

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/23/04	21:00	S: "Hi" O: Inmate noted sitting up on mattress, leaning against the wall. Resp. even and unlabored. TAO and hydrocortisone cream applied to arm as ordered. Inmate pleasant and cooperative. A: Stable at this time. P: Continue to monitor, and c plan of care. — M. Obale, LPN
11/24/04	0645	S: Non-verbal. O: Standing in front of toilet eating apples. — A: Alter in coping skills P: Continue to monitor. bholward
11/24/04	Neg Pa	C: 1310 up to door at times. No obs. Resp easy + unlabored. alt coping. Plan continue to observe. level II Chart per Plan
11/25/04	0900	(S) nonverbal O: inmate lying on floor & eyes closed respirations unlabored & sp of distress noted. (A) alt coping level II (P) cont. c plan of care — M. Obale
11/25/04	1945	S: Non-verbal O: Inmate lying down on mattress on floor, eyes open. Resp. even and unlabored. Compliant c meds. A: Altered thought process. P: Continue c plan of care. — M. Obale, LPN



CORRECTIONAL

MEDICAL

## PRIMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/22/04	22:00	S: Non-verbal. A: Inmate lying down on mattress on floor. Eyes open. Resp. even and unlabored. Nodded his head when asked if he was okay. Good eye contact - No verbal c/o pain at this time. A: Altered thought process. P: Continue c/o plan of care — N. Obale, LPA
11/23/04	0300	S: Non-verbal O: 11M lying on mattress c/o eyes closed. <del>signs of distress</del> A: Altered thought process P: Continue c/o plan of care — Ellen J. [REDACTED] RN
11/23/04	0615	S: My stomach and my chest burn O: 11M standing @ door. Poor eye contact. C/O informed the nurse that 11M was seen drinking his own urine. 11M offered ppto or mylaston. 11M refused. Requested Thru. to Thru. given nurse protocol. Refused to mental health per mental health request form. A: Alterations in thought processes P: Continue to monitor — Ellen J. [REDACTED] RN
11/23/04		Pt. seen + examined 11M was scratching his (L) forearm b/c he felt like something was crawling but that was the only part of his body he was scratching. (L) forearm - excoriations, c/o open lesions @ d/c cold A/p: (L) forearm lesions 2° to scratching TAD TID, Hydrocortisone 1% cream BID

CONFIDENTIAL

CONFIDENTIAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/21/04	0730	<p>S) Banging forehead on door.</p> <p>D) No bleeding noted anywhere on person. No bruises noted.</p> <p>A) Att in thought process.</p> <p>P) Notified MD on call, orders rec'd for Haldol 10 mg, Cogentin 2mg, Risperidone 2mg PO or IM. Medication taken PO 5 difficulty.</p> <p>M. Hamal RN</p>
11/21/04	0730	<p>S) Sleeping quietly by his window and door.</p> <p>Refused morning medications - said medication is not for him.</p> <p>D) Seen quietly in room by the door.</p> <p>A) Alteration in thought process.</p> <p>P) Will continue to monitor him.</p> <p>— M. Hamal RN —</p>
11-21-04	0030	<p>C/O Sore Throat "You set me up." "What did you write in my chart?" "I woke up w/a h.e. but I don't have it now."</p> <p>O. Alert, good eye contact, allowed me to touch forehead where had been banging head against door. No ecchymosis or abrasions. Initially a little hostile but calmed down when addressed nonconfrontationally in quiet tone.</p> <p>A. alteration in thought processes - "persecution, suicidal ideation/frustration in past 24"</p> <p>P. Cepacol lozenges. Administer meds if I/M willing. Discuss a.m. Monitor for self destructive behavior + call for orders if necessary.</p> <p>— M. Hamal RN —</p>

**INTERDISCIPLINARY PROGRESS NOTES**

DATE	TIME	DISC. P. #	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
11/19/04	0900	WSC	<p>→ cont'd → Later noted I/M bent over in corner, asked if he was OK, stated he was hearing voices, "mumbling" - did not recognize voices or words - thought he heard it in another part of room, can't sleep, &amp; hasn't been sleeping well. "I don't want to cause anyone any trouble." The nurse explained he is no trouble &amp; any problem he has, we wish to help him. I/M appeared agitated, voice more rapid, fidgeting → then stated "can't handle this, I don't want to live anymore." This nurse asked if he minded if I discuss the voices with his counselor &amp; his new suicidal thoughts. 20" later, another I/M called to this nurse stating I/M not responding to him, please v on him → I/M sitting on floor, feces on the toilet sm. piece &amp; put in his mouth. Msg. to Dr. Raman he will discuss @ M.H. mtg. Other nurses &amp; security advised. <i>H. Pinner</i></p>
11/19/04	2000	Nsg.	<p>Inmate standing up in room, talking with inmate in next cell. States that he is doing OK. Resp. is even and unlabored. Good eye contact. Compliant c meds. Continue c level II plan of care. <i>N. DBALE, LPN</i></p>

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/13/04	1820	A: Altered thought process. P: Continue c plan of care. — N. Obale, LPN.
11/14/04	1745	Inmate complaint of sore throat. Nurse protocol written. Inmate was quiet & yelling & outbursts. Cepacol lozenges per written under nurse protocol. Placed on deficit to be seen for sore throat — [Signature]
11/15/04		NSC States I/M c/o sore throat. ① Cough, ② postnasal drip, occas. sneezing ③ Fever I/M sleeps on mattress in room throat - OMM, throat - ③ erythema ③ exudate Neck - supple, ③ PLAN lungs - CTA b/c A/P: Sore Throat ✓ Cepacol lozenges @ 6° PLEN.
11/15/04	2030	Inmate standing up, next to door. Resp. even and unlabored. Medicated c i lozenge at 1930. Refused all other meds. No s/s of distress noted. — N. OBALE, LPN —
11/17/04	1930	Inmate lying down in cell, most of shift. Resp. even and unlabored. New risperdal orders noted. No c/o pain noted. — N. Obale, LPN —
11/19/04	0830	Slept some of night. c/o "sore chest" - "titties" aching all over, laughed, stated wanted throat lozenges. Offered Tylenol for aching & I/M accepted. Good eye contact, pleasant and appropriate in conversation, laughing at times in conversation

CONFIDENTIAL

# INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISC. PUNE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
11/12/04			I/M was scheduled for PA & Lat CXR (+ PPD) Refused to co-operate. I explained that the (CXR) X-ray was required by law. Still refused to co-operate. <sup>mtb</sup> Advised Gina of this situation. Asked by Gina to check symptomatology test date and results test done - 1/5/04 results - neg.
11/12/04	1920	NSG	S: Non-verbal O: Inmate lying on mattress on floor. Eyes closed Appears to be sleeping. Resp. even and unlabored. 0 s/s of distress noted. A: Altered thought process. P: Continue plan of care. - N. OBALLE, LPN
11/13/04	0400	NSG	S) "hey whats going on?" O) Eye contact good, affect bright no resp distress noted or voiced A) Alt in coping skills P) Con't level II <i>M. Harris</i>
11/13/04	1400	NSG	S: "Hello" O: It standing @ doorway. Distress rtd A: Alt in coping skills P: Continue Level II. <i>J. Buchanan</i>
11/13/04	1820	NSG	S: Non-verbal O: Inmate lying down on mattress on floor. No s/s of distress noted. Inmate refused to take meds. Explained to inmate possible consequences of non-compliance c meds. <i>Cons</i>

NAME-Last

First

Middle

Attending Physician

Record No.

Revised to

CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/11/04	0130	S) "I need my inhaler" O) Given Albuterol as per PRN order no respiratory distress noted A) alt in comfort R/T above P) Con't level II monitor — M. Kanner RN
11/11/04	0830	S) nonverbal O) inmate up looking out window, & S/S of distress noted. inmate and cell clean. A) alt in thought process level II P) continue c plan of care — J. McWeller
11/11/04	1730	S: Non verbal O: inmate lying on mattress on floor, eyes closed. Resp. even and unlabored. & S/S of distress noted. A: Altered thought process P: Continue c plan of care. — N. OBALE, LPN —
11/12/04	1345	up at Door. States "I'm fine" no C/O. No abnormal thoughts expressed. @ alt thought process. Please continue Observation Chart + record. per Chris Danner
11/12/04	1345	Refused Chest X-ray & Lat for yearly TB check Chris Danner



CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/04/04	20:00	S: "Non-verbal." O: Inmate lying down on mattress on floor. Resp. even and unlabored. No pain at this time A: Alt. in thought process P: Continue to monitor and c plan of pt care. N. OBALÉ, LPN
11/05/04	1930	S: "Hi" O: Inmate standing up looking into hallway through glass in door. Resp. even and unlabored. No pain. Vit. A and S ointment given for face. A: Altered thought process. P: Continue c plan of care and meds. N. OBALÉ, LPN
11/06/04	9:15	S: "I'm OK, to are you alright?" O: Inmate A4043 up at cell door. Vocals & purposeful intentions at this time. Vocals & complaints. A: Alt in thought process. P: Continue c plan of care — [Signature]
11/7/04	0400	S: "Hey" O: Eye Contact good affect bright & m appetite good No CP A: Alt in coping skills P: Can't level II — [Signature]
11/10/04	2255	S: "non verbal" O: I'm resting quietly on mattress @ this time, unlabored this shift, no S/S of distress noted, A: alteration in thought process P: Continue on level II observation — Carol Koyakum

CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/31/04	2330	S: NOW VERBAL. NODDED CONFIRMING THAT HE WAS OKAY D: I/M LYING ON MATRES BY THE ADDR A: ALTERATION IN THOUGHT PROCESS
11/1/04	1045	P: CONTINUE & PLAN OF CARE ——— North Penn S: "They say I'm crazy" O: "Up to door" ——— another distress V: warm dry to touch. Resp even and unlabored. Express of complaints. Answered all questions in an appropriate manner. A: stable @ present alt in thought P: process P: Continue to monitor ——— [Signature]
11/2/04		DLW I/M results of PPD ⊕ and he needs to have CXR done. pt verbalized understanding & agreed to plan. ——— [Signature]
11/3/04	2000	S: "I need my inhaler" O: I/M C/o "having trouble breathing" A: bilateral & clear. SpO2 98% no difficulty noted. resp easy & unlabored A: alt in comfort P: Level II pres maintained. Cont to monitor ——— M. James Jr.
11/3/04	1700	Non verbal @ I/M noted lying on mattress on floor in blue safety gown. Offers no complaints during the shift. @ Alteration in coping skills. @ Continue on level II precautions. And plan of care inclusion





## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/29/04		Examined t/m b/c pt. c/o being sex. abused. pt. would not let me <del>do</del> <del>it</del> do a rectal exam but would allow me to look @ the rectal area. Rectum - ① tears/laceration noted, the whole seems intact however could not evaluate sphincter control Perianal area - sm. superficial ulcer pink tissue ① d/c A/p: Alleged Sex. abuse - d/w pt. b/c incident took place about 1 mos ago <del>and</del> he would not allow me to examine internally it made the assessment hard and definitive ans. hard to give. - it is poss. that the ulcer seen could be a lesion healing from the sexual abuse however anus itself did not look damaged or penetrated and there was no other evidence of trauma. ————— <i>AS</i>
10/29/04	1330	① "Hey Debbie" ① Inmate A#043 voiced suicidal ideations at this time. ① s/p of distress noted ① alt. in thought process level I ① Continue c plan of care ————— <i>Dr. Deviller</i>
10/31/04	0600	S: "I will hurt myself if I have to go back to the SHU. I'm serious about that & MH thinks I'm playing about that." "Not going to be here that long → I want to go to Law School & do civil law O. Pleasant, good eye contact, sense of humor, appears to listen & responds appropriately. States can't stop self from self harm such as banging head. A. alleg. s. abuse - threatens SI if ret'd to SHU. P. will discuss c MH whether? OCD +/or depression if more indicated. ————— <i>(A. T. R.)</i>

CORRECTIONAL  
MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/27/04	04	Called by investigator that the I/M filed complaint that he was sex abused by A.O.'s about a mos ago. He requested that I/M be examined. I explained to I/M that I had to examine him & reasons why. pt has agreed to be examined but tomorrow b/c psych-wise he is not prepared to have it done today. pt explaining he is homophobic plus it brings him back to when he alleged he was sex abused. D/W Dr Alie and I will approach I/M tomorrow to exam.
10/27/04	08-1500	I/M A90x3, voiced no complaints this shift Lying quietly on cot; PM talking to next cell I/M.
10/27/04	20:00	Inmate lying down on floor mattress on floor. Resp even and unlabored. & s/s of distress. Talking to I/M in next cell. N. OBALÉ, LPN
10/28/04		Went to see I/M to examine him however I/M very angry now and would like to be seen tomorrow.
10/28/04	1830	(S) Non-verbal (A) I/M standing by door, looking out into hallway. Nods his head when greeted. Resp. even and unlabored & s/s of distress. (A) Alt. in thought process. (P) Continue c plan of care. — N. OBALÉ, LPN

FIR

CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/25/04	0010	Im awake standing @ door - stating "Don't let any thing happen to me nurse poor eye contact but alert & responsive" <i>Decker</i>
10/25/04	0230	Im sitting quietly in cell, no signs of distress - <i>Bridge</i>
10/25/04	0530	At 13: as diff in (discomfort) sitting quietly on mattress in room <i>Bridge</i>
10/25/04	0900	<p>⑤ nonverbal</p> <p>① inmate lying on floor &amp; eyes closed. respirations unlabored &amp; s/s of distress noted.</p> <p>② Ait in thought process Level II</p> <p>③ cont &amp; plan of care <i>Medwell</i></p> <p>Nursing states pt has been raped x 1 mos ago <i>never</i></p>
10/25/04		<p>pt. c/o constipation No BM x 4d now to me.</p> <p>ABO-AT, Flat</p> <p>Constipation → Fleet phospho soda &amp; 2 tabs Bisacodyl 5mg tabs x 1 dose</p>
10/25/04	2100	<p>⑤ Non-Verbal</p> <p>① Inmate lying on floor &amp; eyes closed. Resp. even and unlabored. &amp; s/s of distress noted.</p> <p>② Ait in thought process.</p> <p>③ Continue &amp; plan of care <i>N. OBALF, LPA</i></p>
10/26/04	2000	<p>⑤ Non-Verbal</p> <p>① Inmate sitting on <del>mattress</del> <sup>error</sup> floor, leaning against the wall. &amp; s/s of distress.</p> <p>② Ait in thought process Level II.</p> <p>③ Continue &amp; plan of care. <i>N. OBALF, LPA</i></p>
10/26/04		<p>stopped by to see T/M, had BM 5 prob.</p> <p>No other complaints.</p>

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
10/29/04	2025	NSG	Dr. Ali called. IIM banging head up against door x 10 mins. IIM will not respond to verbal stimuli, continuing to bang head on door. Orders written. <u>VBramm</u>
10/29/04	2035	NSG	IIM had stopped banging head for @ 2 mins. tried to talk to IIM and IIM won't respond. sits back up against door. <u>VBramm</u>
10/29/04	2046	NSG	IIM started banging head up against door again. Spoke to IIM about this and IIM will not verbalize. IIM agreed to have injection by shaking head up and down. Back up here. Lt Bodwin spoke to IIM and IIM also agreed to injection. IIM quietly rolled over on stomach and injection given. <u>VBramm</u>
10/29/04	2240	NSG	IIM lying on mattress - asleep from IM. Injection resp 20 - IIM has back to door. Has a raised area on back of head, redness noted - will continue to monitor. <u>@caderph</u>

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

[illegible]







## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/29/04	0200	<p>S - No verbal</p> <p>O - Lying on mattress, on closed eyes, eyes &amp; non-labored. No distress noted.</p> <p>A - Stable</p> <p>P - maintain psych Level II. Follow POC. Shower daily</p>
	0700	<p>S - "Will you change the dgs on my arm." O - Dgs to forearm &amp; dried blood noted.</p> <p>A - Alt in skin integrity</p> <p>P - Drip removed, area cleansed with D<sub>5</sub>O &amp; Saline, TAO and band-aids x 2 applied. Showered</p>
10/29/04	1700	<p>S - "The CO's hurt my butt."</p> <p>O - inmate complained of rectal tenderness stated that he was violated in the SHU last month by correctional officers. This is the first time that this inmate has mentioned this to this nurse. Inmate has no signs of distress. Verbal suicidal ideations at this time. Will have physician made aware of inmates statement.</p> <p>A - Alt in thought process Level II</p> <p>P - Continue plan of care. OK</p>

CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
01/14/01	0820	<p>⑤ "Hi"</p> <p>① inmate at door, smiling. A+O x3 notes &amp; complaints no signs of distress noted. Voiced no suicidal ideations at this time.</p> <p>② altered coping skills Level II</p> <p>③ continue to plan of care — [Signature]</p>
01/14/01	1700	<p>⑤ Non Verbal. ① IM noted on Level II suicidal perceptions. Voiced no C/O during the shift. ② Alteration in coping skills.</p> <p>③ Will continue on Level II perceptions &amp; this time. And continue to monitor [Signature]</p>
01/15/01	0830	<p>⑤ Nonverbal</p> <p>① inmate lying on floor eyes closed respirations unlabored. No signs of distress noted.</p> <p>② Alt in coping skills Level II</p> <p>③ continue to plan of care — [Signature]</p>
01/17/01	2300	<p>⑤ Non Verbal. ① Level II precautions maintained since S/I this shift. ② Alteration in coping skills.</p> <p>③ Will continue to Level II precautions &amp; plan of care. [Signature]</p>
01/18/01	2000	<p>① Lt. lying quietly in bed denies any discomfort @ this time. continue to care plan [Signature]</p>
01/19/01	N/A	<p>DOC 1525 Superficial 2 cuts Lt arm scratched by I.M. Cleaned w/ H<sub>2</sub>O<sub>2</sub> + applied TAO to area. Gauze covered areas to remind I.M. not to scratch self. [Signature]</p>



CORRECTIONAL

MEDICAL

## INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
10/10/04	0045	Cont - and continue POC and maintain. Level II. <i>Wolterda</i>
10/10/04	0900	<p>⑤ "you" to are you sleep.</p> <p>① client lying on floor A40x3. C &amp; P complaints. Dan has several scratches to arm. client calm and quiet. voices &amp; suicidal ideations at this time.</p> <p>② Alterations in coping skills. Level II</p> <p>③ continue c plan of care — <i>Wolterda</i></p>
10/11/04	0400	<p>⑤ "I'm doing alright"</p> <p>① I.M. lying on floor. A40x3. Good eye contact &amp; calm. voices &amp; no suicidal ideations. Signs of distress noted</p> <p>② Alterations in coping skills.</p> <p>③ will continue to monitor on level II — <i>Ellen M. Frie</i> RN</p>
10/11/04	0900	<p>⑤ A well in cell - NO C/O. Lying down sleeping. Behavior appropriate. @ alt coping Plan Continue Observation chart Level II per <i>Chris Dammert</i></p>
10/11/04	04	<p>pt. seems. No medical complaints.</p> <p>lungs CTA b/l</p> <p>Asthma → stable</p> <p>REST AT MDIS</p>
10/14/04	0300	<p>S. "Hy"</p> <p>① Talking with other inmates no distress noted</p> <p>A40x3</p> <p>A. Alteration in coping skills Level II</p> <p>P. continue plan of care — <i>Jeff Duhig</i></p>

FIRS


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M M

## NFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/04	0010	Received inmate from Sku i 3 90's in attendance. — S- "I need medical attention" O- Ambulatory, alert, agitated, PEAP. Resp. even & not labored. No distress noted. Resp to ② forearm, removed. Exam reveals numerous superficial scratch marks. Left open to air. Requested Inm to explain where scratch marks came from. Inmate stated, "I cut myself on the sink. This nurse explains when last received a tetanus shot. Inmate verbally refuses "medical" care. — A- Alt in coping skills. P- Maintain Level II in Ram Room monitor, continue POC.-holwerder
0045		Inmate calls nurse to cell side. — S- "Here Brenda, you can have this". — O- Inmate pulls silver sharp metal object out of ② side of mouth & slides it under cell door to this nurse. — A- Alt in coping skills. P- Security notified of above —

actual  
size  
cont.  
Brenda Holwerder

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DOCTOR	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
10-9-04	2330	NSG	I/M had come over from Infirmary to isolation. I/M threatened to hang self and was wrapping sheet around neck pursuant to prepping from another I/M in infirmary to provoke transfer to Infirmary. I/M claimed he would "cut himself + "spill blood" to get back to the infirmary. O. I/M angry, good eye contact. A. I/M is M.H. hx, manipulative conduct & stated agreed to go to Infirmary P. Advised Lt. Lepoli of I/M's coaching re claims of suicide ideation + coach's writeup by other nursing staff. DOC returned I/M to isolation.
10-10-04	0015	NSG	Received call from COS that I/M had cut arm severely claiming 1st that he'd bitten himself 2nd claim that he had cut self intentionally on sink. Deputy Warden Burns issued order that I/M must be transferred to Infirmary I/M to be placed in RAM room. Chart sent to Infirmary on no meds. ———— H. Burns R
10-10-04	0030	NSG	Received return call from M.H. director who will eval. on Mon. Req. Level II watch, Dr. Burns advised & concurs, report given to Inf. staff ———— H. Burns R
10-10-04	0500	NSG	At Infirmary on other inmate matters - I/M requested my name to include in lawsuit he plans to file alleging negligent rx by this nurse & others ———— H. Burns R

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

# Mental Health Services Observation Checklist



DATE: 12/6/04

Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level: II

On Medications? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES

NO

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

ALLOWED

DENIED

Legal Materials:

Rationale:

CODE EXPLANATION		TIME VISUAL CHECKS MADE ON PATIENT					
		12 a.m. - 8 a.m.		8 a.m. - 4 p.m.		4 p.m. - 12 p.m.	
1. Beating on door/wall		12:00	10, 18 JE	8:00	10, 12	4:00	10 11 8E
2. Yelling or screaming		12:15	10, 18	8:15	10, 12	4:15	10 11 8E
3. Crying		12:30	10, 18	8:30	10, 12	4:30	10 11
4. Cursing		12:45	10, 18	8:45	10, 11	4:45	10 11
5. Laughing		1:00	10, 18	9:00	10, 11	5:00	10 11
6. Singing		1:15	10, 18	9:15	10, 11	5:15	10 11
7. Mumbling incoherently		1:30	10, 18	9:30	10, 11	5:30	10 11
8. Standing still		1:45	10, 18	9:45	10, 11	5:45	10 11
9. Walking		2:00	10, 18	10:00	10, 11, 13, 14	6:00	10 11
10. Lying or sitting		2:15	10, 18	10:15	10, 11	6:15	10 11
11. Quiet		2:30	10, 11	10:30	10, 11	6:30	10 11
12. Sleeping		2:45	10, 11	10:45	10, 11	6:45	10 11
13. Meals served/eaten		3:00	10, 11	11:00	10, 11	7:00	10 11
14. Fluids Served/taken		3:15	10, 11	11:15	10, 11	7:15	10 11
15. Bath/shower		3:30	10, 11	11:30	10, 11	7:30	10 11
16. Toilet		3:45	10, 11	11:45	10, 11	7:45	10 11
17. Smoking		4:00	10, 11	12:00	10, 11	8:00	10 11
18. Talking		4:15	10, 11	12:15	10, 11	8:15	10 11
19.		4:30	10, 11	12:30	10, 11	8:30	10 11
Staff Signatures	Initials	4:45	10, 11	12:45	10, 11	8:45	10 11
Frubach	FD	5:00	10, 11, 13, 14	1:00	10, 11	9:00	10 11
D. [Signature]	FD	5:15	10, 11	1:15	10, 11	9:15	10 11
Swane	8E	5:30	10, 11	1:30	10, 11	9:30	10 11
		5:45	10, 11	1:45	10, 11	9:45	10 11
		6:00	10, 11	2:00	10, 11	10:00	10 11
		6:15	10, 11	2:15	10, 11	10:15	10 11
Primary Therapist		6:30	10, 11	2:30	10, 11	10:30	10 11
		6:45	10, 11	2:45	10, 11	10:45	10 11
		7:00	10, 11	3:00	10, 11	11:00	10 11
Psychiatrist/Physician		7:15	10, 11	3:15	10, 11	11:15	10 11
		7:30	10, 11	3:30	10, 11	11:30	10 11
		7:45	10, 11 JE	3:45	10, 11	11:45	10 11 8E

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIRS.

CORRECTIONAL

MEDICAL

DATE 12/5/04Offender's Name [REDACTED] ID [REDACTED] Cell Location 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? \_\_\_\_\_ Yes \_\_\_\_\_ No Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES

NO

ALLOWED

DENIED

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

Legal Materials: \_\_\_\_\_

Rationale: \_\_\_\_\_

## TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 18	8:00 10, 18	4:00 10 11 SE
2. Yelling or screaming	12:15 10, 18	8:15 10, 18	4:15 10 11 SE
3. Crying	12:30 10, 18	8:30 10, 18	4:30 10 11
4. Cursing	12:45 10, 18	8:45 10, 18	4:45 10 11
5. Laughing	1:00 10, 18	9:00 10, 18	5:00 10 11
6. Singing	1:15 10, 18	9:15 10, 11	5:15 10 11
7. Mumbling incoherently	1:30 10, 18	9:30 10, 11	5:30 10 11
8. Standing still	1:45 10, 18	9:45 10, 11	5:45 10 11
9. Walking	2:00 10, 11	10:00 13, 14	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15 13, 14	6:15 10 11
11. Quiet	2:30 10, 11	10:30 10, 18	6:30 10 11
12. Sleeping	2:45 10, 11	10:45 10, 18	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 10, 11	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15 10, 18	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10, 18	7:30 10 11
16. Toilet	3:45 10, 11	11:45 10, 18	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10, 11	8:00 10 11
18. Talking	4:15 10, 11	12:15 10, 11	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10, 11	8:30 10 11
Staff Signatures Initials	4:45 10, 11	12:45 10, 11	8:45 10 18
Emily M. Lefche EM	5:00 10, 11, 13, 14	1:00 10, 11	9:00 10 11
Wanes SE	5:15 10, 11	1:15 10, 11	9:15 10 18
	5:30 10, 11	1:30 10, 11	9:30 10 11
	5:45 10, 11	1:45 10, 11	9:45 10 11
	6:00 10, 11	2:00 10, 11	10:00 10 11
	6:15 10, 11	2:15 10, 11	10:15 10 11
Primary Therapist	6:30 10, 11	2:30 10, 11	10:30 10 11
	6:45 10, 11	2:45 10, 11	10:45 10 11
	7:00 10, 11	3:00 10, 11	11:00 10 11
Psychiatrist/Physician	7:15	3:15	11:15 10 11
	7:30	3:30	11:30 10 11
	7:45	3:45	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE 12/4/04

Offender's Name

ID #

Cell Location

190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level: II

On Medications?

Yes

No

Last Medication Given

at

Items Allowed (Check Appropriate Line)

YES

NO

Undergarments

Suicidal Blanket

Mattress

Pillow

One Book

Smoking Materials

ALLOWED

DENIED

Legal Materials:

Rationale:

## CODE EXPLANATION

1. Beating on door/wall
2. Yelling or screaming
3. Crying
4. Cursing
5. Laughing
6. Singing
7. Mumbling incoherently
8. Standing still
9. Walking
10. Lying or sitting
11. Quiet
12. Sleeping
13. Meals served/eaten
14. Fluids Served/taken
15. Bath/shower
16. Toilet
17. Smoking
18. Talking
19. STANDING @ door/window

## TIME VISUAL CHECKS MADE ON PATIENT

12 a.m. - 8 a.m.

8 a.m. - 4 p.m.

4 p.m. - 12 p.m.

12:00	10, 11, 12	8:00	10, 11	4:00	10, 11, 12 SE
12:15	10, 11, 12	8:15	10, 11	4:15	10, 11, 12 SE
12:30	10, 11, 12	8:30	10, 11	4:30	10, 11, 12 SE
12:45	10, 11, 12	8:45	10, 11	4:45	10, 11, 12
1:00	10, 11, 12	9:00	10, 11	5:00	10, 11, 12
1:15	10, 11, 12	9:15	10, 11	5:15	10, 11, 12
1:30	10, 11, 12	9:30	10, 11	5:30	10, 11, 12
1:45	10, 11, 12	9:45	10, 11	5:45	10, 11, 12
2:00	10, 11, 12	10:00	10, 11	6:00	10, 11, 12
2:15	10, 11, 12	10:15	10, 11	6:15	10, 11, 12
2:30	10, 11, 12	10:30	10, 11	6:30	10, 11, 12
2:45	10, 11, 12	10:45	10, 11	6:45	10, 11, 12
3:00	10, 11, 12	11:00	10, 11	7:00	10, 11, 12
3:15	10, 11, 12	11:15	10, 11	7:15	10, 11, 12
3:30	10, 11, 12	11:30	10, 11	7:30	10, 11, 12
3:45	10, 11, 12	11:45	10, 11	7:45	10, 11, 12
4:00	10, 11, 12	12:00	10, 11	8:00	10, 11, 12
4:15	10, 11, 12	12:15	10, 11	8:15	10, 11, 12
4:30	10, 11, 12	12:30	10, 11	8:30	10, 11, 12
4:45	10, 11, 12	12:45	10, 11	8:45	10, 11, 12
5:00	10, 11, 12, 13, 14	1:00	10, 11	9:00	10, 11, 12
5:15	10, 11, 12	1:15	10, 11	9:15	10, 11, 12
5:30	10, 11, 12	1:30	10, 11	9:30	10, 11, 12
5:45	10, 11, 12	1:45	10, 11	9:45	10, 11, 12
6:00	10, 11, 12	2:00	10, 11	10:00	10, 11, 12
6:15	10, 11, 12	2:15	10, 11	10:15	10, 11, 12
6:30	10, 11, 12	2:30	10, 11	10:30	10, 11, 12
6:45	10, 11, 12	2:45	10, 11	10:45	10, 11, 12
7:00	10, 11, 12	3:00	10, 11	11:00	10, 11, 12
7:15	10, 11, 12	3:15	10, 11	11:15	10, 11, 12
7:30	10, 11, 12	3:30	10, 11	11:30	10, 11, 12
7:45	10, 11, 12	3:45	10, 11	11:45	10, 11, 12 SE

Staff Signatures

Initials

D. Marsh

JM

J. Bah

JE

J. Bah

JE

J. Bah

JE

J. Bah

JE

J. Bah

JE

J. Bah

JE

J. Bah

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Code and Signature are required on the above time lines per precaution level



# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE 12/3/04

Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: Ordered By:

Duration of Order:

Date Renewed:

Precaution Level II

On Medications? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES

NO

ALLOWED

DENIED

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

Legal Materials:

Rationale:

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT			
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.	
1. Beating on door/wall	12:00 10, 18 EM	8:00 10, 12 DA	4:00	
2. Yelling or screaming	12:15 10, 18	8:15 10, 12 DA	4:15	
3. Crying	12:30 10, 18	8:30 10, 12 DA	4:30	
4. Cursing	12:45 10, 18	8:45 10, 12 DA	4:45	
5. Laughing	1:00 10, 18	9:00 10, 12 DA	5:00	
6. Singing	1:15 10, 18	9:15 10, 12 DA	5:15	
7. Mumbling incoherently	1:30 10, 18	9:30 10, 12 DA	5:30	
8. Standing still	1:45 10, 18	9:45 10, 11 DA	5:45	
9. Walking	2:00 10, 18	10:00 13, 14 DA	6:00	
10. Lying or sitting	2:15 10, 18	10:15 10, 11 DA	6:15	
11. Quiet	2:30 10, 18	10:30 10, 11 DA	6:30	
12. Sleeping	2:45 10, 18	10:45 10, 11 DA	6:45	
13. Meals served/eaten	3:00 10, 18	11:00 10, 11 DA	7:00	
14. Fluids Served/taken	3:15 10, 18	11:15 10, 11 DA	7:15	
15. Bath/shower	3:30 10, 18	11:30 10, 11 DA	7:30	
16. Toilet	3:45 10, 18	11:45 10, 11 DA	7:45	
17. Smoking	4:00 10, 18	12:00 10, 11 DA	8:00	
18. Talking	4:15 10, 18	12:15 10, 11 DA	8:15	
19. STANDING @ door/window	4:30 10, 18	12:30 10, 11 DA	8:30	
Staff Signatures	4:45 10, 11	12:45 10, 11 DA	8:45	
D. [Signature] Initials DA	5:00 10, 11, 13, 14	1:00 10, 11 DA	9:00	
[Signature] Initials JT	5:15 10, 11	1:15 10, 11 DA	9:15	
[Signature] Initials KM	5:30 10, 11	1:30 out	9:30	
	5:45 10, 11	1:45 10, 11 DA	9:45	
	6:00 10, 11	2:00 10, 11 DA	10:00	
	6:15 10, 11	2:15 10, 11 DA	10:15	
Primary Therapist	6:30 10, 11	2:30 10, 11 DA	10:30	
	6:45 10, 11	2:45 10, 11 DA	10:45	
	7:00 10, 11	3:00 10, 11 DA	11:00	
Psychiatrist/Physician	7:15 10, 11	3:15 10, 11 DA	11:15	
	7:30 10, 11	3:30 10, 11 DA	11:30	
	7:45 10, 11	3:45 10, 11 DA	11:45	

Code and Signature are required on the above time lines per precaution level



F

C

CORRECTIONAL

M

MEDICAL

## DAILY NURSING CARE RECORD

NAME: [REDACTED]

SBI#10# [REDACTED]

DOB: [REDACTED]

Facility:

DCC

DATE	11	28	04	11	29	04	11	30	04	12	1	04	12	2	04
SHIFT	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
Activity	Specify Assist=A	U	U	U	U	U	U	U	U	U	U	U	U	U	U
	Up=U Redrest=BR														
Diet	Type	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg	Reg
	Appetite 1/2, 1/4 etc.	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	A assist	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Fluids	I&O														
	Restrict Y or N														
Elimination	Foley Care														
	BM														
Vital Signs	Neuro Checks Y or N														
	FSBS Y or N														
Safety	Restraints Y or N														
	Siderails Y or N														
	Turn Q 2 hrs Y or N														
	Weight														
	Wound Care Y or N														
	O2 Y or N														
	Pl. Aids:														
	Prosthesis Y or N														
	Dentures Y or N														
	Glasses Y or N														
	Hearing Aid Y or N														
	Other														
	Isolation Type														
ADMIT DATE:															
Initials:		JH	BE	FE	RE	FE	BE	FE	RE	BE	FE	RE	BE	FE	RE
Signatures		James	James	James	James	James	James	James	James	James	James	James	James	James	James

# Mental Health Services Observation Checklist

File

CORRECTIONAL

MEDICAL

Date: 12/2/04

Offender's Name: [REDACTED] ID #: [REDACTED] Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level: II

On Medications? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES

NO

ALLOWED

DENIED

Undergarments

Suicidal Blanket

Mattress

Pillow

One Book

Smoking Materials

Legal Materials:

Rationale:

## TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.			8 a.m. - 4 p.m.			4 p.m. - 12 p.m.		
	12:00	12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00
1. Reaching on door/wall	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
2. Yelling or screaming	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
3. Crying	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
4. Cursing	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
5. Laughing	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
6. Singing	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
7. Mumbling incoherently	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
8. Standing still	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
9. Walking	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
10. Lying or sitting	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
11. Quiet	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
12. Sleeping	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
13. Meals served/eaten	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
14. Fluids Served/taken	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
15. Bath/shower	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
16. Toilet	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
17. Smoking	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
18. Talking	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
19. STANDING @ door/window	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
Staff Signatures	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
Primary Therapist	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11
Psychiatrist/Physician	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11	10, 11

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FILE  
CORRECTIONAL  
MEDICAL

DATE: 12/1/04  
Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? \_\_\_\_\_ Yes \_\_\_\_\_ No Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

**YES** **NO**

☒ ☒ Undergarments  
☒ ☒ Suicidal Blanket  
☒ ☒ Mattress  
☒ ☒ Pillow  
☒ ☒ One Book  
☒ ☒ Smoking Materials

**ALLOWED** **DENIED**

Legal Materials:

Rationale: \_\_\_\_\_

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT			
	12 a.m. - 8 a.m.		8 a.m. - 4 p.m.	
1. Beating on door/wall	12:00	10, 18	8:00	10, 18
2. Yelling or screaming	12:15	10, 18	8:15	10, 18
3. Crying	12:30	10, 18	8:30	10, 18
4. Cursing	12:45	10, 18	8:45	10, 18
5. Laughing	1:00	10, 18	9:00	10, 18
6. Singing	1:15	10, 18	9:15	10, 18
7. Mumbling incoherently	1:30	10, 18	9:30	10, 18
8. Standing still	1:45	10, 18	9:45	10, 18
9. Walking	2:00	10, 18	10:00	10, 18
10. Lying or sitting	2:15	10, 18	10:15	10, 18
11. Quiet	2:30	10, 18	10:30	10, 18
12. Sleeping	2:45	10, 11	10:45	10, 18
13. Meals served/eaten	3:00	10, 11	11:00	10, 18
14. Fluids Served/taken	3:15	10, 11	11:15	10, 18
15. Bath/shower	3:30	10, 11	11:30	10, 11
16. Toilet	3:45	10, 11	11:45	10, 11
17. Smoking	4:00	10, 11	12:00	10, 11
18. Talking	4:15	10, 11	12:15	10, 11
19. <u>STANDING @ door/window</u>	4:30	10, 11	12:30	10, 11
Staff Signatures	4:45	10, 11	12:45	10, 11
<u>D. North</u> <u>DB</u>	5:00	10, 11, 13, 14	1:00	10, 11
<u>Emlyn McCallister</u> <u>EM</u>	5:15	10, 11	1:15	10, 11
	5:30	10, 11	1:30	10, 11
	5:45	10, 11	1:45	10, 11
	6:00	10, 11	2:00	10, 11
	6:15	10, 11	2:15	10, 11
Primary Therapist	6:30	10, 11	2:30	10, 11
	6:45	10, 11	2:45	10, 11
	7:00	10, 11	3:00	13, 14, 11
Psychiatrist/Physician	7:15	10, 11	3:15	10, 11
	7:30	10, 11	3:30	10, 11
	7:45	10, 11	3:45	10, 11

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE 11/30/04Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_

Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Date Renewed: \_\_\_\_\_

Precaution Level: IIOn Medications? Yes No Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES	NO	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Undergarments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Suicidal Blanket
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mattress
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pillow
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	One Book
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking Materials

Legal Materials: \_\_\_\_\_

Rationale: \_\_\_\_\_

ALLOWED

DENIED

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT			
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.	
1. Beating on door/wall	12:00 10,11	8:00 10,12	4:00	
2. Yelling or screaming	12:15 10,11	8:15 10,12	4:15	
3. Crying	12:30 10,11	8:30 10,12	4:30	
4. Cursing	12:45 10,11	8:45 10,12	4:45	
5. Laughing	1:00 10,11	9:00 10,12	5:00	
6. Singing	1:15 10,11	9:15 10,12	5:15	
7. Mumbling incoherently	1:30 10,11	9:30 10,12	5:30	
8. Standing still	1:45 10,11	9:45 10,11	5:45	
9. Walking	2:00 10,11	10:00 10,11	6:00	
10. Lying or sitting	2:15 10,11	10:15 10,11	6:15	
11. Quiet	2:30 10,11	10:30 10,11	6:30	
12. Sleeping	2:45 10,11	10:45 10,11	6:45	
13. Meals served/eaten	3:00 10,11	11:00 10,11	7:00	
14. Fluids Served/taken	3:15 10,11	11:15 10,11	7:15	
15. Bath/shower	3:30 10,11	11:30 10,11	7:30	
16. Toilet	3:45 10,11	11:45 10,11	7:45	
17. Smoking	4:00 10,11	12:00 10,11	8:00	
18. Talking	4:15 10,11	12:15 10,11	8:15	
19. STANDING @ door/window	4:30 10,11	12:30 10,11	8:30	
Staff Signatures	4:45 10,11	12:45 10,11	8:45	
Initials	5:00 10,11,13/11	1:00 10,11	9:00	
	5:15 10,11	1:15 10,11	9:15	
	5:30 10,11	1:30 10,11	9:30	
	5:45 10,11	1:45 10,11	9:45	
	6:00 10,11	2:00 10,11	10:00	
	6:15 10,11	2:15 10,11	10:15	
Primary Therapist	6:30 10,11	2:30 10,11	10:30	
	6:45 10,11	2:45 10,11	10:45	
	7:00 10,11	3:00 10,11	11:00	
Psychiatrist/Physician	7:15 10,11	3:15 10,11	11:15	
	7:30 10,11	3:30 10,11	11:30	
	7:45 10,11	3:45 10,11	11:45	

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIRST  
CORRECTIONAL  
MEDICAL

DATE 11/29/04Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_

Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Last Medication Given \_\_\_\_\_

at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES

NO

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

ALLOWED

DENIED

Legal Materials: \_\_\_\_\_

Rationale: \_\_\_\_\_

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT					
	12 a.m. - 8 a.m.		8 a.m. - 4 p.m.		4 p.m. - 12 p.m.	
1. Beating on door/wall	12:00	10, 11 EM	8:00	10, 11	4:00	10, 11 SE
2. Yelling or screaming	12:15	10, 11	8:15	10, 11	4:15	10, 11 SE
3. Crying	12:30	10, 11	8:30	10, 11	4:30	10, 11 SE
4. Cursing	12:45	10, 11	8:45	10, 11	4:45	10, 11 SE
5. Laughing	1:00	10, 11	9:00	10, 11	5:00	10, 11
6. Singing	1:15	10, 11	9:15	10, 11	5:15	10, 11
7. Mumbling incoherently	1:30	10, 11	9:30	10, 11	5:30	10, 11
8. Standing still	1:45	10, 11	9:45	10, 11	5:45	10, 11
9. Walking	2:00	10, 11	10:00	10, 11	6:00	10, 11
10. Lying or sitting	2:15	10, 11	10:15	10, 11	6:15	10, 11
11. Quiet	2:30	10, 11	10:30	10, 11	6:30	10, 11
12. Sleeping	2:45	10, 11	10:45	10, 11	6:45	10, 11
13. Meals served/eaten	3:00	10, 11	11:00	10, 11	7:00	10, 11
14. Fluids Served/taken	3:15	10, 11	11:15	10, 11	7:15	10, 11
15. Bath/shower	3:30	10, 11	11:30	10, 11	7:30	10, 11
16. Toilet	3:45	10, 11	11:45	10, 11	7:45	10, 11
17. Smoking	4:00	10, 11	12:00	10, 11	8:00	10, 11
18. Talking	4:15	10, 11	12:15	10, 11	8:15	10, 11
19. STANDING @ door/window	4:30	10, 11	12:30	10, 11	8:30	10, 11
Staff Signatures	4:45	10, 11	12:45	10, 11	8:45	10, 11
Initials	5:00	10, 11	1:00	10, 11	9:00	10, 11
	5:15	10, 11, 13, 14	1:15	10, 11	9:15	10, 11
	5:30	10, 11	1:30	10, 11	9:30	10, 11
	5:45	10, 11	1:45	10, 11	9:45	10, 11
	6:00	10, 11	2:00	10, 11	10:00	10, 11
	6:15	10, 11	2:15	10, 11	10:15	10, 11
Primary Therapist	6:30	10, 11	2:30	10, 11	10:30	10, 11
	6:45	10, 11	2:45	10, 11	10:45	10, 11
	7:00	10, 11	3:00	10, 11	11:00	10, 11
Psychiatrist/Physician	7:15	10, 11	3:15	10, 11	11:15	10, 11
	7:30	10, 11	3:30	10, 11	11:30	10, 11
	7:45	10, 11	3:45	10, 11	11:45	10, 11

Code and Signature are required on the above time lines per precaution level



# Mental Health Services Observation Checklist

FIRST  
CORRECTIONAL  
MEDICAL

DATE 11/28/04Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_

Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_

Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? Yes \_\_\_\_\_ No \_\_\_\_\_ Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES

NO

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

ALLOWED

DENIED

Legal Materials: \_\_\_\_\_

Rationale: \_\_\_\_\_

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT		
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11 JTB	8:00 10, 11 PI	4:00 10, 11 SE
2. Yelling or screaming	12:15 10, 11 JTB	8:15	4:15 10, 11 SE
3. Crying	12:30 10, 11	8:30 10, 11	4:30 10, 11 SE
4. Cursing	12:45 10, 11	8:45	4:45 10, 11
5. Laughing	1:00 10, 11	9:00 10, 11	5:00 10, 11
6. Singing	1:15 10, 11	9:15	5:15 10, 11
7. Mumbling incoherently	1:30 10, 11	9:30 10, 11	5:30 10, 11
8. Standing still	1:45 10, 11	9:45	5:45 10, 11
9. Walking	2:00 10, 11	10:00 13, 14	6:00 10, 11
10. Lying or sitting	2:15 10, 19	10:15	6:15 10, 11
11. Quiet	2:30 10, 19	10:30 10, 11	6:30 10, 11
12. Sleeping	2:45 10, 19	10:45	6:45 10, 11
13. Meals served/eaten	3:00 10, 19	11:00 10, 11	7:00 10, 11
14. Fluids Served/taken	3:15 10, 11	11:15	7:15 10, 11
15. Bath/shower	3:30 10, 2	11:30 10, 11	7:30 10, 11
16. Toilet	3:45 10, 2	11:45	7:45 10, 11
17. Smoking	4:00 10, 2	12:00 10, 11	8:00 10, 11
18. Talking	4:15 10, 11	12:15	8:15 10, 11
19. STANDING @ door/window	4:30 10, 18	12:30 10, 11	8:30 10, 11
Staff Signatures	4:45 10, 18	12:45	8:45 10, 11
James JTB	5:00 10, 18/13, 14	1:00 10, 11	9:00 10, 11
James SE	5:15 10, 18	1:15	9:15 10, 11
	5:30 10, 18	1:30 10, 11	9:30 10, 11
	5:45 10, 18	1:45	9:45 10, 11
	6:00 10, 11	2:00 10, 11	10:00 10, 11
	6:15 10, 18	2:15	10:15 10, 11
Primary Therapist	6:30 10, 18	2:30 10, 11	10:30 10, 11
	6:45 18, 19	2:45	10:45 10, 11
Psychiatrist/Physician	7:00 18, 19	3:00 13, 14	11:00 10, 11
	7:15 18, 19	3:15	11:15 10, 11
	7:30 18, 19	3:30 10, 11	11:30 10, 11
	7:45 18, 19 JTB	3:45	11:45 10, 11 SE

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIR

CORRECTIONAL

MEDICAL

DATE: 11/27/04

Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: Ordered By:

Duration of Order: Date Renewed:

Precaution Level: II

On Medications? Yes No Last Medication Given at

## Items Allowed (Check Appropriate Line)

YES NO

☒ ☒ Undergarments

☒ ☒ Suicidal Blanket

☒ ☒ Mattress

☒ ☒ Pillow

☒ ☒ One Book

☒ ☒ Smoking Materials

Legal Materials:

Rationale:

ALLOWED

DENIED

## TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11 JZ	8:00 10, 11 DZ	4:00 10 11 PE
2. Yelling or screaming	12:15 10, 11 JZ	8:15	4:15 10 11 PE
3. Crying	12:30 10, 11	8:30 16	4:30 10 11 PE
4. Cursing	12:45 10, 11	8:45	4:45 10 11
5. Laughing	1:00 10, 11	9:00 10, 11	5:00 10 11
6. Singing	1:15 10, 11	9:15	5:15 10 11
7. Mumbling incoherently	1:30 10, 11	9:30 10, 11	5:30 10 11
8. Standing still	1:45 10, 11	9:45	5:45 10 11
9. Walking	2:00 10, 11	10:00 13, 14	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15	6:15 10 11
11. Quiet	2:30 10, 11	10:30 10, 11	6:30 10 11
12. Sleeping	2:45 10, 11	10:45	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 10, 11	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10, 11	7:30 10 11
16. Toilet	3:45 10, 11	11:45	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10, 11	8:00 10 11
18. Talking	4:15 10, 11	12:15	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10, 11	8:30 10 11
Staff Signatures Initials	4:45 10, 11	12:45	8:45 10 11
D. [Signature] JZ	5:00 10, 11, 13	1:00 10, 11	9:00 10 11
F. [Signature] JZ	5:15 10, 11	1:15	9:15 10 11
D. [Signature] JZ	5:30 10, 11	1:30 10, 11	9:30 10 11
[Signature] PE	5:45 10, 11	1:45	9:45 10 11
	6:00 10, 4	2:00 10, 11	10:00 10 11
	6:15 10, 4	2:15	10:15 10 11
Primary Therapist	6:30 10, 4	2:30 10, 11	10:30 10 11
	6:45 10, 11	2:45	10:45 10 11
Psychiatrist/Physician	7:00 10, 11	3:00 13, 14	11:00 10 11
	7:15 10, 11	3:15	11:15 10 11
	7:30 10, 11	3:30 10, 11	11:30 10 11
	7:45 10, 11 JZ	3:45	11:45 10 11 PE

Code and Signature are required on the above time lines per precaution level



FIRST

CORRECTIONAL

MEDICAL

## DAILY NURSING CARE RECORD

NAME: [REDACTED]

SBI#ID# [REDACTED]

DOB: [REDACTED]

Facility: DEC

DATE:

SHIFT:

11	23	24	11	24	24	11	25	26	11	26	27	11	27	28
N	D	E	N	D	E	N	D	E	N	D	E	N	D	E
U	U		U	U	U	U	U		U	U	U	U		U
✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
100	100		100	100	100	100	100		100	100	100	100		100
S	S		S	S	S	S	S		S	S	S	S		S

Activity

Specify Assist=A

Up=U Bedrest=BR

Diet

Type Reg.

Appetite (1/2, 1/4 etc.)

A-assist S self

Fluids

I&amp;O

Restrict Y or N

Elimination

Foley Care

BM

Vital Signs

Neuro Checks Y or N

FSBS Y or N

Safety

Restraints Y or N

Siderails Y or N

Turn Q2 hrs Y or N

Weight

Wound Care Y or N

O2 Y or N

Pl. Aids:

Prosthesis Y or N

Dentures Y or N

Glasses Y or N

Hearing Aid Y or N

Other

Isolation Type

ADMIT DATE:

Initials:

Signatures

[Signature: E. McLehrie] [Signature: D. Robinson] [Signature: James] [Signature: Swann]

# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE: 11/26/04

Offender's Name: [REDACTED] ID: [REDACTED] Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: Ordered By:

Duration of Order: Date Renewed:

Precaution Level: II

On Medications? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES NO

☒ ☒ Undergarments

☒ ☒ Suicidal Blanket

☒ ☒ Mattress

☒ ☒ Pillow

☒ ☒ One Book

☒ ☒ Smoking Materials

ALLOWED

DENIED

Legal Materials:

Rationale:

## TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT		
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11 JT	8:00 10, 12 DA	4:00 10 11 SE
2. Yelling or screaming	12:15 10, 11	8:15 10, 11 DA	4:15 10 11 SE
3. Crying	12:30 10, 11 7	8:30 10, 11 DA	4:30 10 11 SE
4. Cursing	12:45 10, 11	8:45 10, 11 DA	4:45 10 11 SE
5. Laughing	1:00 10, 11	9:00 10, 11 DA	5:00 10 11
6. Singing	1:15 10, 11	9:15 10, 11 DA	5:15 10 11
7. Mumbling incoherently	1:30 10, 11	9:30 10, 11 DA	5:30 10 11
8. Standing still	1:45 10, 11	9:45 10, 11 DA	5:45 10 11
9. Walking	2:00 10, 11	10:00 10, 11/13/14 DA	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15 10, 11 DA	6:15 10 11
11. Quiet	2:30 10, 11	10:30 10, 11 DA	6:30 10 11
12. Sleeping	2:45 10, 11	10:45 10, 11 DA	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 10, 11 DA	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15 10, 11 DA	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10, 11 DA	7:30 10 11
16. Toilet	3:45 10, 11	11:45 10, 11 DA	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10, 11 DA	8:00 10 11
18. Talking	4:15 10, 11	12:15 10, 11 DA	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10, 11 DA	8:30 10 11
Staff Signatures Initials	4:45 10, 11	12:45 10, 11 DA	8:45 10 11
D. Madhavan DA	5:00 10, 11/13/14	1:00 10, 11 DA	9:00 10 11
James Zubah JT	5:15 10, 11	1:15 10, 11 DA	9:15 10 11
Sevins SE	5:30 10, 11	1:30 10, 11 DA	9:30 10 11
	5:45 10, 11	1:45 10, 11 DA	9:45 10 11
	6:00 10, 11	2:00 10, 11 DA	10:00 10 11
	6:15 10, 11	2:15 10, 11 DA	10:15 10 11
Primary Therapist	6:30 10, 11	2:30 10, 11 DA	10:30 10 11
	6:45 10, 11	2:45 10, 11 DA	10:45 10 11
	7:00 10, 11	3:00 10, 11 DA	11:00 10 11
Psychiatrist/Physician	7:15 10, 11	3:15 10, 11 DA	11:15 10 11
	7:30 10, 11	3:30 10, 11 DA	11:30 10 11 SE
	7:45 10, 11 JT	3:45 10, 11 DA	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

First

CORRECTIONAL

MEDICAL

Date 11/25/04

Offender's Name [REDACTED] ID [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level II

On Medications? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES

NO

ALLOWED

DENIED

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

Legal Materials:

Rationale:

## TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT		
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11	8:00 10, 12	4:00
2. Yelling or screaming	12:15 10, 11	8:15 10, 12	4:15
3. Crying	12:30 10, 11	8:30 10, 12	4:30
4. Cursing	12:45 10, 11	8:45 10, 12	4:45
5. Laughing	1:00 10, 11	9:00 10, 11	5:00
6. Singing	1:15 10, 11	9:15 10	5:15
7. Mumbling incoherently	1:30 10, 11	9:30 10	5:30
8. Standing still	1:45 10, 11	9:45 10	5:45
9. Walking	2:00 10, 11	10:00 10, 13, 14	6:00
10. Lying or sitting	2:15 10, 11	10:15 10	6:15
11. Quiet	2:30 10, 11	10:30 10	6:30
12. Sleeping	2:45 10, 11	10:45 10	6:45
13. Meals served/eaten	3:00 10, 11	11:00 10	7:00
14. Fluids Served/taken	3:15 10, 11	11:15 10	7:15
15. Bath/shower	3:30 10, 11	11:30 10	7:30
16. Toilet	3:45 10, 11	11:45 10	7:45
17. Smoking	4:00 10, 11	12:00 10	8:00
18. Talking	4:15 10, 11	12:15 10, 19	8:15
19. STANDING @ door/window	4:30 10, 11	12:30 10, 19	8:30
Staff Signatures	4:45 10, 11	12:45 10, 19	8:45
	5:00 10, 11, 13, 14	1:00 10, 19	9:00
Primary Therapist	5:15 10, 11	1:15 10, 19	9:15
	5:30 10, 11	1:30 10, 19	9:30
Psychiatrist/Physician	5:45 10, 11	1:45 10, 11	9:45
	6:00 10, 11	2:00 10, 11	10:00
	6:15 10, 11	2:15 10, 11	10:15
	6:30 10, 11	2:30 10, 11	10:30
	6:45 10, 11	2:45 13, 14	10:45
	7:00 10, 11	3:00 10, 11	11:00
	7:15	3:15 10, 11	11:15
	7:30	3:30 10, 11	11:30
	7:45	3:45 10, 11	11:45

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE 11/24/04Offender's Name [REDACTED] ID [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level: II

On Observations? Yes No Last Medication Given at

Items Allowed (Check Appropriate Line)

YES

NO

ALLOWED

DENIED

- ☒ Undergarments  
☒ Suicidal Blanket  
☒ Mattress  
☒ Pillow  
☒ One Book  
☒ Smoking Materials

Legal Materials:

Rationale:

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT		
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11 EM	8:00 10, 11	4:00 10 11 SE
2. Yelling or screaming	12:15 10, 11	8:15 10, 11	4:15 10 11 SE
3. Crying	12:30 10, 11	8:30 10, 11	4:30 10 11 SE
4. Cursing	12:45 10, 11	8:45 10, 11	4:45 10 11
5. Laughing	1:00 10, 11	9:00 10, 11	5:00 10 11
6. Singing	1:15 10, 11	9:15 10, 11	5:15 10 11
7. Mumbling incoherently	1:30 10, 11	9:30 10, 11	5:30 10 11
8. Standing still	1:45 10, 11	9:45 10, 11	5:45 10 11
9. Walking	2:00 10, 11	10:00 10, 11, 13, 14	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15 10, 11	6:15 10 11
11. Quiet	2:30 10, 11	10:30 10, 11	6:30 10 11
12. Sleeping	2:45 10, 11	10:45 10, 11	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 10, 11	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15 10, 11	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10, 11	7:30 10 11
16. Toilet	3:45 10, 11	11:45 10, 11	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10, 11	8:00 10 11
18. Talking	4:15 10, 11	12:15 10, 11	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10, 11	8:30 10 11
Staff Signatures Initials	4:45 10, 11	12:45 10, 11	8:45 10 11
D. Nader 100 DF	5:00 10, 11, 13, 14	1:00 10, 11	9:00 10 11
Tom Lynn MD Det Chm Ery	5:15 10, 11	1:15 10, 11	9:15 10 11
James Zubak JF	5:30 10, 11	1:30 10, 11	9:30 10 11
	5:45 10, 11	1:45 10, 11	9:45 10 11
	6:00 10, 11	2:00 10, 11	10:00 10 11
	6:15 10, 11	2:15 10, 11	10:15 10 11
Primary Therapist	6:30 10, 11	2:30 10, 11	10:30 10 11
	6:45 10, 11	2:45 10, 11	10:45 10 11
	7:00 10, 11	3:00 10, 11	11:00 10 11
Psychiatrist/Physician	7:15 10, 11	3:15 10, 11	11:15 10 11
	7:30 10, 11	3:30 10, 11	11:30 10 11
	7:45 10, 11 EM	3:45 10, 11	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level

# Mental Health Services Observation Checklist



DATE: 11/23/04  
Offender's Name: [REDACTED] ID: [REDACTED] Cell Location: 190

Reason for Observation/Seclusion: \_\_\_\_\_

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? Yes No Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials

Legal Materials: \_\_\_\_\_

Rationale: \_\_\_\_\_

ALLOWED

DENIED

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT			
	12 a.m. - 8 a.m.		8 a.m. - 4 p.m.	
1. Beating on door/wall	12:00	10, 11 EM	8:00	10, 12
2. Yelling or screaming	12:15	10, 11	8:15	10, 12
3. Crying	12:30	10, 11	8:30	10, 12
4. Cursing	12:45	10, 11	8:45	10, 12
5. Laughing	1:00	10, 11	9:00	10, 12
6. Singing	1:15	10, 11	9:15	10, 12
7. Mumbling incoherently	1:30	10, 11	9:30	10, 12
8. Standing still	1:45	10, 11	9:45	10, 12
9. Walking	2:00	10, 11	10:00	10, 12
10. Lying or sitting	2:15	10, 11	10:15	10, 12
11. Quiet	2:30	10, 11	10:30	10, 12
12. Sleeping	2:45	10, 11	10:45	10, 12
13. Meals served/eaten	3:00	10, 11	11:00	10, 12
14. Fluids Served/taken	3:15	10, 11	11:15	10, 12
15. Bath/shower	3:30	10, 11	11:30	10, 11
16. Toilet	3:45	10, 11	11:45	10, 11
17. Smoking	4:00	10, 11	12:00	10, 11
18. Talking	4:15	10, 11	12:15	10, 11
19. STANDING @ door/window	4:30	10, 11	12:30	10, 11
Staff Signatures	4:45	10, 11	12:45	10, 11
Initials	5:00	10, 11	1:00	10, 11
	5:15	10, 11	1:15	10, 11
	5:30	10, 11, 13, 14	1:30	10, 11
	5:45	10, 11	1:45	10, 11
	6:00	10, 11	2:00	10, 11
	6:15	10, 11	2:15	10, 11
Primary Therapist	6:30	10, 11	2:30	10, 11
	6:45	10, 11	2:45	10, 11
	7:00	10, 11	3:00	10, 11
Psychiatrist/Physician	7:15	10, 11	3:15	10, 11
	7:30	10, 11	3:30	10, 11
	7:45	10, 11 EM	3:45	10, 11

Code and Signature are required on the above time lines per precaution level

CORRECTIONAL

MEDICAL

DAILY NURSING CARE RECORD		NAME:	SBI#/ID#:	DOB:
Facility	DCC			
DATE	11/17/04	11/18/04	11/19/04	11/20/04
Shift	N D E	N D E	N D E	N D E
Activity	Specify-Assist=A			
	Up=U Bedrest=BR	U	U	U
Diet	Type <u>Reg</u>	✓	✓	✓
	Appetite (1/2, 1/4 etc.)	100	100	100
	Assist (S) self	S	S	S
Fluids	IRU			
	Restrict Y or N			
Elimination	Foley Care			
	BM			
Vital Signs	Neuro Checks Y or N			
	FSBS Y or N			
Safety	Restraints Y or N			
	Siderails Y or N			
	Turn Q 2 hrs Y or N			
	Weight			
	Wound Care Y or N			
	O2 Y or N			
	Pl. Aids :			
	Prosthesis Y or N			
	Dentures Y or N			
	Glasses Y or N			
	Hearing Aid Y or N			
	Other			
	Isolation Type			
ADMIT DATE:				
Initials:				
Signatures				



# Mental Health Services Observation Checklist

FIRST

CORRECTIONAL

MEDICAL

DATE 11/22/04Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Date Renewed: \_\_\_\_\_

Precaution Level: II

On Medications? \_\_\_\_\_ Yes \_\_\_\_\_ No Last Medication Given \_\_\_\_\_ at \_\_\_\_\_

Items Allowed (Check Appropriate Line)

YES	NO	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Undergarments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Suicidal Blanket
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mattress
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pillow
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	One Book
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking Materials

ALLOWED

DENIED

Legal Materials:

Rationale: \_\_\_\_\_

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT											
	12 a.m. - 8 a.m.				8 a.m. - 4 p.m.				4 p.m. - 12 p.m.			
1. Beating on door/wall	12:00	10, 11	EM		8:00	10			4:00	10	11	SE
2. Yelling or screaming	12:15	10, 11			8:15	10			4:15	10	11	SE
3. Crying	12:30	10, 11			8:30	10			4:30	10	11	SE
4. Cursing	12:45	10, 11			8:45	10			4:45	10	11	SE
5. Laughing	1:00	10, 11			9:00	10			5:00	10	11	
6. Singing	1:15	10, 11			9:15	10			5:15	10	11	
7. Mumbling incoherently	1:30	10, 11			9:30	10			5:30	10	11	
8. Standing still	1:45	10, 11			9:45	13, 14			5:45	10	11	
9. Walking	2:00	10, 11			10:00	11			6:00	10	11	
10. Lying or sitting	2:15	10, 11			10:15	11			6:15	10	11	
11. Quiet	2:30	10, 11			10:30	11			6:30	10	11	
12. Sleeping	2:45	10, 11			10:45	11			6:45	10	11	
13. Meals served/eaten	3:00	10, 11			11:00	12, 11			7:00	10	11	
14. Fluids Served/taken	3:15	10, 11			11:15	12, 11			7:15	10	11	
15. Bath/shower	3:30	10, 11			11:30	12, 11			7:30	10	11	
16. Toilet	3:45	10, 11			11:45	12, 11			7:45	10	11	
17. Smoking	4:00	10, 11			12:00	12, 11			8:00	10	11	
18. Talking	4:15	10, 11			12:15	12, 11			8:15	10	11	
19. STANDING @ door/window	4:30	10, 11			12:30	12, 11			8:30	10	11	
Staff Signatures	4:45	10, 11			12:45	12, 11			8:45	10	11	
James Zubak, JZ	5:00	10, 11			1:00	12, 11			9:00	10	11	
John Gm, Joe Letche, EM	5:15	10, 11			1:15	12, 11			9:15	10	11	
D. [Signature]	5:30	10, 11, 13, 14			1:30	12, 11			9:30	10	11	
	5:45	10, 11			1:45	12, 11			9:45	10	11	
	6:00	10, 11			2:00	12, 11			10:00	10	11	
	6:15	10, 11			2:15	12, 11			10:15	10	11	
Primary Therapist	6:30	10, 11			2:30	12, 11			10:30	10	11	
	6:45	10, 11			2:45	13, 14			10:45	10	11	
	7:00	10, 11			3:00	12, 11			11:00	10	11	
Psychiatrist/Physician	7:15	10, 11			3:15	12, 11			11:15	10	11	
	7:30	10, 11			3:30	12, 11			11:30	10	11	
	7:45	10, 11	EM		3:45	12, 11			11:45	10	11	SE

Code and Signature are required on the above time lines per precaution level